

FORM PTO-1449
(REV. 7-85)

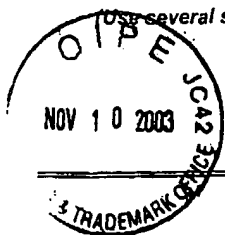
INFORMATION DISCLOSURE CITATION

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

ATTY. DOCKET NO.
CT2614 NP
APPLICATION NO.
10/075,703
APPLICANT
DWORETZKY ET AL.
FILING DATE
FEBRUARY 14, 2002

Sheet 1 of 2

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NOV 14 2003
TECH CENTER 1600/2900
Group
1624



(Use several sheets if necessary)

U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA						
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
41	AM	WO9907832	2/18/99	PCT			<input type="checkbox"/>	<input type="checkbox"/>
42	AN	WO0110380 A2	2/15/01	PCT			<input type="checkbox"/>	<input type="checkbox"/>
43	AO	WO0110381 A2	2/15/01	PCT			<input type="checkbox"/>	<input type="checkbox"/>
44	AP	WO9729748	8/21/97	PCT			<input type="checkbox"/>	<input type="checkbox"/>
45	AQ	WO0200217 A1	1/3/02	PCT			<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

	AR	
	AS	
	AT	

EXAMINER

DATE CONSIDERED

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609. Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)



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FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLAS S	TRANSLATION	
							YES	NO
92	2AA	WO0230868 A1	4/18/02	PCT			<input type="checkbox"/>	<input type="checkbox"/>
92	2AB	WO02066426 A2	8/29/02	PCT			<input type="checkbox"/>	<input type="checkbox"/>
	AC						<input type="checkbox"/>	<input type="checkbox"/>
	AD						<input type="checkbox"/>	<input type="checkbox"/>
	AE						<input type="checkbox"/>	<input type="checkbox"/>
	AF						<input type="checkbox"/>	<input type="checkbox"/>
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	AL						<input type="checkbox"/>	<input type="checkbox"/>
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	AS						<input type="checkbox"/>	<input type="checkbox"/>
	AT						<input type="checkbox"/>	<input type="checkbox"/>
	AU						<input type="checkbox"/>	<input type="checkbox"/>
	AV						<input type="checkbox"/>	<input type="checkbox"/>
	AW						<input type="checkbox"/>	<input type="checkbox"/>
	AX						<input type="checkbox"/>	<input type="checkbox"/>
	AY						<input type="checkbox"/>	<input type="checkbox"/>
	AZ						<input type="checkbox"/>	<input type="checkbox"/>

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